

CITY OF LOS ANGELES

DEPT. OF BUILDING AND SAFETY

INSTRUCTIONS:

1. Applicant to Complete Numbered Items Only.
2. Plot Plan Required on Back of Original.

| 1. LEGAL DESCR. | LOT | BLK. | TRACT | ADDRESS APPROVED |
|----------------------------|---------|--------|--|------------------|
| 2. BUILDING ADDRESS | | | See 28230 VN/59 | DIST. MAP |
| 16550 Ventura Blvd. | | | E | 7359 |
| 3. BETWEEN CROSS STREETS | | | | ZONE C-2-1 |
| Rubio Ave. | | AND | Hayvenhurst Ave. | H-1-1 See Map |
| 4. PRESENT USE OF BUILDING | | | NEW USE OF BUILDING OFFICE | FIRE DIST. |
| Medical Center | | | Lounge & Storage | #2 ES |
| 5. OWNER'S NAME | | | PHONE | (601) |
| S. Jon Kreedman | | | BR. 23441 | KEY |
| 6. OWNER'S ADDRESS | | | P. O. | CDR. LOT |
| 9350 Kilshire Blvd. | | | Beverly Hills | REV. COR. / |
| 7. CERT. ANCH. | | | STATE LICENSE | LOT SIZE |
| Sam Roishard | | | 0763 OL. 36320 | Irreg. |
| 8. LIC. ENGR. | | | STATE LICENSE | See Map |
| Charles Mackintosh | | | SE 487 NO. 21184 | |
| 9. CONTRACTOR | | | STATE LICENSE | REAR ALLEY |
| S. Jon Kreedman Co. | | | 104129 BR. 23441 | SIDE ALLEY / |
| 10. CONTRACTOR'S ADDRESS | | | P. O. | BLDG. LINE |
| 9350 Wilshire Blvd. | | | Beverly Hills | 20' |
| 11. SIZE OF EXISTING BLDG. | STORIES | HEIGHT | NO. OF EXISTING BUILDINGS ON LOT AND USE | BLDG. AREA |
| 84' x 147' | 4 | 49' | None MEDICAL OFF | |

SEVEN (Available) (Not Available)

CRITICAL SOLE

| | | | | | | | | |
|---|---------------------------------|---|--|-----------------------|--|--------------------------------|---------|-----------------|
| 16550 Ventura Blvd. | | | | DISTRICT OFFICE VN | | | | |
| 12. MATERIAL | <input type="checkbox"/> WOOD | <input type="checkbox"/> METAL | <input type="checkbox"/> CONC. BLOCK | ROOF | <input checked="" type="checkbox"/> WOOD | <input type="checkbox"/> STEEL | ROOFING | SPRINKLERS |
| EXT. WALLS: | <input type="checkbox"/> STUCCO | <input checked="" type="checkbox"/> BRICK | <input checked="" type="checkbox"/> CONCRETE | CONST. | <input type="checkbox"/> CONC. | <input type="checkbox"/> OTHER | NO #50 | REQ'D SPECIFIED |
| 13. VALUATION: TO INCLUDE ALL FIXED EQUIPMENT REQUIRED TO OPERATE AND USE PROPOSED BUILDING. | \$ 60,000 | | | VALUATION APPROVED | BZA 1074 | | | CRITICAL SOIL |
| 14. SIZE OF ADDITION | STORIES | | | HEIGHT | APPLICATION CHECKED | | | |
| 15. NEW WORK: (Describe) | EXT. WALLS | ROOFING | | PLANS CHECKED | DWELL. UNITS | | | |
| Interior Partitions IN BASEMENT | | | | CORRECTING VERIFIED | SPACES PARKING | | | |
| See 28238 VN/59 | | | | PLANS APPROVED | GUEST ROOMS | | | |
| I certify that in doing the work authorized hereby I will not employ any person in violation of the Labor Code of the State of California relating to workmen's compensation insurance. | | | | APPLICATION APPROVED | FILE WITH | | | |
| Signed <i>W. H. Robertson</i> | | | | INSPECTOR | CONT. INSP. | | | |
| This Form When Properly Validated is a Permit to Do the Work Described. | | | | | | | | |

| TYPE | GROUP | MAX. OCC. | P.C. | S.P.C. | G.P.I. | B.P. | I.F. | O.S. | C/O |
|------|-------|-----------|------|--------|--------|------|------|------|-----|
| III | G-1 | A/C. | 200 | X | X | 400 | X | X | X |

CASHIER'S USE ONLY

DEC-21-68
DEC-21-68

55685
55686

Ca VN 71258
Ca VN 71258

上二

2.00

P.C. No. _____

GRADING

CRIT. SOIL

CONS.

1010225200862135



DISASTER INSPECTION FILE
EARTHQUAKE



51760482

Job Address(es)

1. 16550 W VENTURA BLVD 914360000

Legal Description(s)

1. TRACT: TR 22867;BLOCK: NONE;LOT: 1

File Date And Status

01/25/1994 CERT

AKA Address

NONE

User Document Numbers

OBS 25279

Cross Reference(s)

ORIG

CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

EQ-1-94

OBS. 25279

B. BUILDING USE:

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

- ☐ Residential
☒ Commercial

C. INCLUSIVE ADDRESS:

16550 Ventura Blvd, Encino 91436

COUNCIL DISTRICT:

11

D. OWNER:

Curtis' Lot

PHONE NO.: 310-943-2342

MANAGER:

Scott Lloveras

PHONE NO.: 818-784-2535

E. No of Stories:

5

No. of Living Units:

0

Basement: ☒ YES ☐ NO ☐ UNKNOWNTYPE CONSTRUCTION: URM ☐ I ☐ II ☒ III ☐ IV ☐ V APPROX. SIZE 175 ft. x 70 ft.

PRIMARY OCCUPANCY:

(Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|--|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input type="checkbox"/> 13 OFFICE | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input checked="" type="checkbox"/> 35 CONDO |
| | | | | | | <input checked="" type="checkbox"/> 99 OTHER |

Medical

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

| Condition | YES | NO | UNK | Condition | YES | NO | UNK |
|----------------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Structure Hazardous Overall | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Nonstructural Hazards | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Collapse/partial collapse | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Parapets/ornamentation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Building or story leaning | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cladding/glazing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ceiling/light fixtures | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | Interior Walls/partitions | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Hazardous Structural Elements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Elevators | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Foundations | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Stairs/Exits | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Roof/Floors (vertical loads) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Electric/Gas | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Columns/pilasters/corbel | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Chimney | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Diaphragms/horizontal bracing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Walls/vertical bracing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Geotechnical Hazards | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Moments Frames | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Slope failure/debris | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Precast connections | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ground Movement, fissures | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

COMMENTS: Minor damage to interior walls, stucco & plaster.

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0
 EST. DAMAGE: \$ % % EST. DAMAGE: \$ 2,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

Existing Recommended

INSPECTED (Green)

☐☒

Exterior Only

☒ Exterior and Interior

LIMITED ENTRY (yellow)

☐☐

UNSAFE (Red)

☐☐

Building

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

① No Further Action required.

2. Detailed Evaluation required.

Structural Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.: Richard Young Bob Kammers

Phone: 213-368-7260

K. INSPECTED:

Date: 1/25/94

Time: 3:20 pm a.m./p.m.

EMERGENCY TELEPHONE NUMBERS

Animal Regulation (213) 222-7138
or (213) 731-8281

Building & Safety

Building Inspection (213) 485-2365
Community Safety (Shatto I) (213) 485-2220
Earthquake Safety (Wilshire Dist.) (213) 485-6177
Grading (213) 485-3435
Management Assistance Div. (213) 485-5372
Mechanical Bureau (213) 485-2301
San Pedro Office (213) 548-7557
Van Nuys Office (818) 989-8256
West L.A. Office (213) 312-8337
West Valley Office (818) 989-6934

Public Works/Sanitation (213) 485-5884
Off-hours (213) 485-5391
Dead Animals (213) 485-4922
Industrial Waste (213) 485-5886

Public Works/St. Maint.

Alley (213) 485-5668
Street (213) 485-5661
Off-hours (213) 485-7100
or (2130) 485-2121

Red Cross (213) 739-3450

So. Calif. Gas Co. (800) 422-4133

Transportation (213) 485-2265

Water & Power

Power - Metro/Harbor/West L.A. (800) 821-5278

San Fernando Valley (800) 821-5279

General Office Bldg. (213) 481-3066

Water - Central District (213) 481-4900

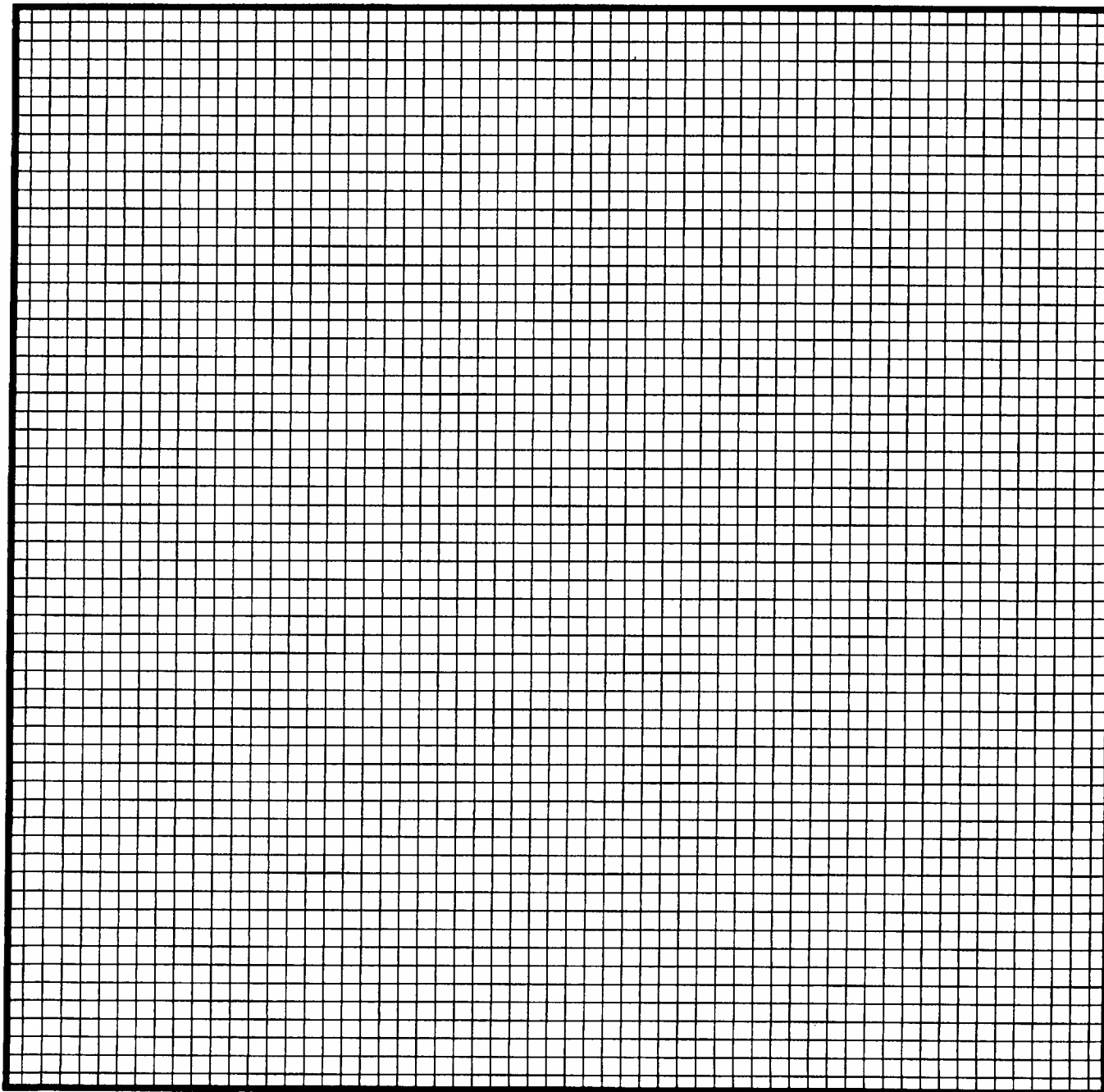
East Valley District (818) 271-3921

Harbor District (213) 251-2246

Western District (213) 481-6973

West Valley District (818) 271-3981

PLOT PLAN DIAGRAM



1ST RE INSPECTION

CITY OF LOS ANGELES

DEPARTMENT OF BUILDING AND SAFETY

RAPID SCREENING INSPECTION FORM

B. BUILDING USE:

- ☐ Residential
☒ Commercial

A. TYPE OF DISASTER:

- ☐ Fire ☒ Earthquake
☐ Flood ☐ Other _____

C. INCLUSIVE ADDRESS:

16550 VENTURA BL

COUNCIL DISTRICT: 11

D. OWNER:

SCOTT ELLOUVERES

PHONE NO. (213) 784-2535

MANAGER:

PHONE NO.:

E. No of Stories: 5 No. of Living Units: 0 Base: ☐ YES ☒ NO ☐ UNKNOWN

TYPE CONSTRUCTION: URM II III IV V APPROX. SIZE 150 ft. x 200 ft.

PRIMARY OCCUPANCY: (Check one, only)

- | | | | | | | |
|--------------------------------------|---------------------------------------|---|--------------------------------------|---|--|--|
| <input type="checkbox"/> 01 DWELLING | <input type="checkbox"/> 04 AMUSEMENT | <input type="checkbox"/> 07 PVT. GARAGE | <input type="checkbox"/> 10 HOSPITAL | <input type="checkbox"/> 13 OFFICE | <input type="checkbox"/> 16 RET. STORE | <input type="checkbox"/> 21 THEATRE |
| <input type="checkbox"/> 02 DUPLEX | <input type="checkbox"/> 05 APARTMENT | <input type="checkbox"/> 08 PUB. GARAGE | <input type="checkbox"/> 11 HOTEL | <input type="checkbox"/> 14 PUB. ADMIN. | <input type="checkbox"/> 17 RESTAURANT | <input type="checkbox"/> 22 WAREHOUSE |
| <input type="checkbox"/> 03 AIRPORT | <input type="checkbox"/> 06 CHURCH | <input type="checkbox"/> 09 GAS STATION | <input type="checkbox"/> 12 MFG. | <input type="checkbox"/> 15 PUB. UTIL. | <input type="checkbox"/> 18 SCHOOL | <input checked="" type="checkbox"/> 35 CONDO |
| | | | | | | <input checked="" type="checkbox"/> 99 OTHER Medical |

F. INSTRUCTIONS: Examine the building to determine if any hazardous conditions exist. A "YES" answer in Categories 1, 2, or 4 is grounds for posting building UNSAFE. If condition is suspected to be unsafe and more review is needed, check appropriate Unknown box(es) and post LIMITED ENTRY. A "YES" answer in Category 3 requires posting and/or barricading to indicate AREA UNSAFE. Explain "YES", "UNKNOWN" findings and extent of damage under "Comments."

EXISTING HAZARDOUS CONDITIONS

| Condition | YES | NO | UNK | Condition | YES | NO | UNK |
|----------------------------------|--------------------------|--------------------------|-------------------------------------|---------------------------|--------------------------|--------------------------|-------------------------------------|
| 1. Structure Hazardous Overall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Nonstructural Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Collapse/partial collapse | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Parapets/ornamentation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Building or story leaning | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Cladding/glazing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ceiling/light fixtures | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | Interior Walls/partitions | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Hazardous Structural Elements | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Elevators | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Foundations | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Stairs/Exits | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Roof/Floors (vertical loads) | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Electric/Gas | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Columns/pilasters/corbel | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Chimney | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Diaphragms/horizontal bracing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walls/vertical bracing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Geotechnical Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Moments Frames | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Slope failure/debris | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Precast connections | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ground Movement, fissures | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

COMMENTS: NEED BLDG ENG AVAILABLE TO SHOW DAMAGED AREAS

G. Vacate Bldg.? ☐ YES ☒ NO Partially Vacate Bldg.? ☐ YES ☒ NO No. of Living Units Vacated: 0EST. DAMAGE: 05% % EST. DAMAGE: \$ 25,000 PERMIT REQUIRED? ☒ YES ☐ NO

H. OVERALL RATING:

INSPECTED (Green)

Existing

Recommended

Exterior Only

Exterior and Interior

LIMITED ENTRY (yellow)

UNSAFE (Red)

Building

Area (See Section I-3)

I. RECOMMENDATIONS: (Circle Number / Fill in data)

1. No Further Action required.

2. Detailed Evaluation required.

Structural Geotechnical

3. Barricades needed in the following areas:

4. Disconnect utilities:

Electric Gas Water

J. INSPECTOR:

Name/I.D.:

Phone:

LADD / PETTY

(916) 366 2075

K. INSPECTED:

Date:

Time:

7-25-94

4:10

a.m./p.m.

EMERGENCY TELEPHONE NUMBERS

Animal Regulation (213) 222-7138
or (213) 731-8281

Building & Safety

Building Inspection (213) 485-2365
Community Safety (Shatto I) (213) 485-2220
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or (2130) 485-2121

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San Fernando Valley (800) 821-5279
General Office Bldg. (213) 481-3066
Water - Central District (213) 481-4900
East Valley District (818) 271-3921
Harbor District (213) 251-2246
Western District (213) 481-6973
West Valley District (818) 271-3981

PLOT PLAN DIAGRAM